

AMOUNT PAID _____

EFFECTIVE DATE _____

DATE RECEIVED _____

REGISTRATION # _____

APPLICATION FOR KANSAS VETERINARY TECHNICIAN REGISTRATION

(Please Type or Print Legibly)

1. Name _____
Last First Middle Initial Maiden
2. Renewal Address _____
Street/Box City State Zip
Business Address _____
Street/Box City State Zip
3. Home Telephone # _____ Business Telephone # _____
4. Social Security # ____ - ____ - ____ Birth date ____ / ____ / ____ {MM/DD/Year}
5. ATTACH PROOF OF GRADUATION from an AVMA Accredited Veterinary Technician Program.
6. ATTACH A PHOTOGRAPH, taken within the last six months, to the left margin of this form at this level.
Photo should have your face; size a minimum of 1 inch, the overall photo size should not exceed 3 x 4 inches.
7. TRANSFER SCORES, Veterinary Technician National Exam (VTNE)
8. Are you a U.S. citizen? ☐ YES ☐ NO If not, provide a copy of your alien registration.
9. AFFIDAVIT OF APPLICANT:
I solemnly swear that all information on this application is true, correct and complete in every respect
and when granted a registration in the State of Kansas, I will abide by the Kansas veterinary law.

Signature of applicant DATE _____

~~~~~

**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_ **SS.**  
**SUBSCRIBED AND SWORN TO BEFORE ME THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

~~~~~

THIS APPLICATION SHALL EXPIRE ONE YEAR AFTER IT IS RECEIVED IN THE OFFICE OF THE BOARD OF EXAMINERS.

() Veterinary Technician Application fee \$20 () Veterinary Technician Written Exam fee (VTNE) \$105

Make check payable to: KANSAS BOARD OF VETERINARY EXAMINERS
PO BOX 242
WAMEGO, KANSAS 66547-0242

v.041404